

<u>Total Expenditures by Category of Service</u>	<u>Total Expenditures</u>	<u>Total Recipients</u>	<u>Average Cost per Recipient</u>
OUTPATIENT HOSPITAL, GENERAL	\$ 4,410,456.03	14,074	\$ 313.38
INPATIENT HOSPITAL, GENERAL	3,657,837.73	1,441	2,538.40
PHYSICIANS SERVICES	2,525,024.16	24,670	102.35
DENTAL SERVICE	1,073,722.70	6,107	175.82
HOME HEALTH SERVICES	821,037.97	958	857.03
FURNISHED MED SUP OR DME	727,929.38	3,821	190.51
RURAL HEALTH CLINIC	575,646.85	3,935	146.29
PRIVATE DUTY NURSING	499,777.13	94	5,316.78
SKILL NURSING FAC NURSING HOME	471,373.58	176	2,678.26
PSYCHOLOGY	281,328.09	1,611	174.63
HOME&COMM BASED CARE - DI	256,107.99	120	2,134.23
AMBULANCE SERVICE	120,339.51	738	163.06
PERSONAL CARE	112,784.00	49	2,301.71
OPTOMETRIC SERVICES EYEGLASSES	110,465.01	2,720	40.61
ADULT MEDICAL DAY CARE	77,091.00	102	755.79
PHYSICAL THERAPY	56,777.04	501	113.33
FAMILY PLANNING SERVICES	51,521.87	214	240.76
WHEELCHAIR VAN	50,529.25	226	223.58
MEDICAL SERVICES CLINIC	47,240.59	327	144.47
LABORATORY (PATHOLOGY)	42,957.76	1,533	28.02
I/P HOSPITAL SWING BEDS, SNF	40,960.56	8	5,120.07
ADVANCE REG NURSE PRACT	26,635.24	279	95.47
SNF NURSING HOME ATYPICAL CARE	26,593.07	2	13,296.54
CLINIC SERVICES	22,058.50	225	98.04
OCCUPATIONAL THERAPY	17,544.42	102	172.00
AUDIOLOGY SERVICES	13,696.45	172	79.63
PODIATRIST SERVICES	13,309.15	299	44.51
CHIROPRACTIC	5,599.95	167	33.53
I/P HOSPITAL SWING BEDS, ICF	4,880.39	2	2,440.20
SPEECH THERAPY	4,215.60	17	247.98
CERTIFIED MIDWIFE (NON-NURSE)	3,614.09	7	516.30
INTERMED CARE FAC NURSE HOME	3,291.50	1	3,291.50
X-RAY SERVICES	2,633.92	97	27.15
DAY HABILITATION CENTER	2,513.80	4	628.45
OUTPATIENT HOSPITAL, MENTAL	509.08	3	169.69
CHILD HEALTH SUPPORT SERVICE	297.50	1	297.50
MENTAL HEALTH CENTER	105.00	1	105.00
DISABILITY DETERMIN SERVICE	(110.00)	1	(110.00)
Subtotal Category of Service	<u>\$16,158,295.86</u>		
PROV SYS P/OUT NON CLM SPEC	120,067.04		
INS PREM CARR SYS P/OUT	23,257.56		
PROV REFUND CLM SPEC	(5,245.16)		
PROV RECOUP NON CLM SPEC	(12,022.70)		
TPL CARR REFUND NON CLM SPEC	(54,208.22)		
RECIP REFUND NON CLM SPEC	(97,062.30)		
PROV REFUND NON CLM SPEC	(385,370.34)		
Subtotal Refunds	<u>\$ (410,584.12)</u>		

SNH, DHHS, ORA OHPM (Provider Payments) Provider Payments
 OHPM Provider Payments
 Claims Paid September 2004

<u>Total Expenditures by Category of Service</u>	<u>Total Expenditures</u>	<u>Total Recipients</u>	<u>Average Cost per Recipient</u>
IFS Transactions:			
Medicare Part A & B	773,785.30		
BCCP	120,228.27		
HIPP IFS	6,706.02		
MEAD TE	7,241.77		
Current Yr Recoveries	(5,575.22)		
IFS PP Sub-Total	<u>\$ 902,386.14</u>		
Adjustments	545,067.38		
Total Expenditures per IFS	<u><u>\$17,195,165.26</u></u>		

Notes:

Claims paid data for September 2004

Claims paid data can provide misleading information on trends if billing behavior/timing changes

Claims paid data can provide misleading information on trends unless seasonalities are accounted for.

Data for provider payments includes Fund Code A, including new MEAD clients and expenditures at the COS level.

Refunds include various claim-specific and non claim-specific recoupments or refunds.

IFS PP represents claims paid outside the medicaid claims system

Funder 57 Report provides additional details on adjustments.

<u>Total Expenditures by Category of Service</u>	<u>Total Expenditures</u>	<u>Total Recipients</u>	<u>Average Cost per Recipient</u>
DISPENSE PRESCRIBED DRUGS	\$ 7,488,960.05	33,202	\$ 225.56
BCCP	29,512.87		
MEAD TE	(66,591.59)		
Sub-Total	7,451,881.33		
Adjustments	5,495.11		
Total Expenditures per IFS	<u>\$ 7,457,376.44</u>		

Notes:

Claims paid data for September 2004.

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Adjustment amt is the difference between interim adhoc reporting and IFS.

DBH (Community Mental Health Expenditures) 05-01-11-04-01
Claims Paid September 2004

<u>Total Expenditures by Category of Service</u>	<u>Total Expenditures</u>	<u>Total Recipients</u>	<u>Average Cost per</u>
MENTAL ILLNESS MGT SVCS (MIMS)	\$ 2,713,960.00	3,467	\$ 782.80
CASE MANAGEMENT SERVICES	2,041,271.00	4,163	490.34
PSYCHOTHERAPY SERVICES	368,352.00	2,673	137.80
FAMILY SERVICES	340,712.00	3,285	103.72
ACUTE SERVICES	565.00	44	12.84
ALL PSYCHIATRIC SERVICES	122,903.00	272	451.85
OTHER MEDICAID SERVICES	135,426.00	922	146.88
Total Expenditures	<u>\$ 5,723,189.00</u>		

Notes:

Claims paid data for September 2004

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Claims paid data can provide misleading information on trends unless seasonalities are accounted for.

Data for CMH expenditures includes Fund Code H

DEAS (Provider Payments) 05-01-10-04 6173-096
Claims Paid September 2004

<u>Total Expenditures by Category of Service</u>	<u>Total Expenditures</u>	<u>Total Recipients</u>	<u>Average Cost per Recipient</u>
DISPENSE PRESCRIBED DRUGS	\$ 2,448,104.33	6,148	\$ 398.20
SKILL NURSING FAC NURSING HOME	371,407.47	439	846.03
SNF NURSING HOME ATYPICAL CARE	314,520.51	24	13,105.02
PERSONAL CARE	301,000.00	113	2,663.72
OUTPATIENT HOSPITAL, GENERAL	198,164.68	1,165	170.10
INPATIENT HOSPITAL, GENERAL	174,604.34	198	881.84
WHEELCHAIR VAN	155,108.25	801	193.64
FURNISHED MED SUP OR DME	84,197.61	698	120.63
PHYSICIANS SERVICES	69,846.74	2,076	33.64
ADULT MEDICAL DAY CARE	28,380.00	58	489.31
I/P HOSPITAL SWING BEDS, SNF	18,008.95	7	2,572.71
I/P HOSPITAL SWING BEDS, ICF	12,099.52	6	2,016.59
AMBULANCE SERVICE	8,864.90	244	36.33
HOME HEALTH SERVICES	7,592.97	13	584.07
RURAL HEALTH CLINIC	7,499.15	313	23.96
OPTOMETRIC SERVICES EYEGLASSES	5,876.74	215	27.33
PSYCHOLOGY	1,921.61	20	96.08
DENTAL SERVICE	1,525.00	8	190.63
PODIATRIST SERVICES	1,495.42	154	9.71
ADVANCE REG NURSE PRACT	972.94	87	11.18
LABORATORY (PATHOLOGY)	385.82	10	38.58
OCCUPATIONAL THERAPY	239.04	3	79.68
MEDICAL SERVICES CLINIC	48.81	6	8.14
AUDIOLOGY SERVICES	45.00	2	22.50
CLINIC SERVICES	25.75	1	25.75
X-RAY SERVICES	18.85	5	3.77
PHYSICAL THERAPY	9.16	11	0.83
Subtotal Category of Service	\$ 4,211,963.56		
PROV REFUND CLM SPEC	(9,463.83)		
Adjustments (Adjustments, Transfers)	10,767.05		
Total Expenditures per IFS	\$ 4,213,266.78		

Notes:

Claims paid data for September 2004

Claims paid data can provide misleading information on trends if billing behavior/timing changes

Claims paid data can provide misleading information on trends unless seasonalities are accounted for.

Funder 57 Report provides additional details on adjustments.

Data for DEAS Provider Payments represents Fund Code J costs.

DEAS (Nursing Home) 05-01-10-04 6173-090
 Claims paid September 2004

<u>Total Expenditures by Category of Service</u>	<u>Total Expenditures</u>	<u>Total Recipients</u>	<u>Average Cost per Recipient</u>
12 INTERMED CARE FAC NURSE HOME	\$14,718,746.21	4,469	\$ 3,293.52
16 ICF NURSING HOME ATYPICAL CARE	337,162.97	57	5,915.14
11 SKILL NURSING FAC NURSING HOME	29,609.31	18	1,644.96
14 I/P HOSPITAL SWING BEDS, ICF	12,240.81	9	1,360.09
Subtotal Category of Service	15,097,759.30		
Adjustments	36,587.50		
Nursing Home Expenditures per IFS	<u>\$15,134,346.80</u>		

Notes:

Claims paid data for September 2004

Claims paid data can provide misleading information on trends if billing behavior/timing changes

Claims paid data can provide misleading information on trends unless seasonalities are accounted for.

Data for Nursing Home payments includes only Fund Code B

Funder 57 Report provides additional details on adjustments.

DDS 05-01-13-01-00
 Claims paid September 2004

<u>Total Expenditures by Category of Service</u>	<u>Total Expenditures</u>	<u>Total Recipients</u>	<u>Average Cost per Recipient</u>
Case Management	\$ 771,370.45	2,942	\$ 262.19
Personal Care (Residential) Services	6,098,645.64	1,397	4,365.53
Day Services	2,484,745.98	1,425	1,743.68
Family Support Services	107,214.87	290	369.71
Other Specialized Services	88,010.75	78	1,128.34
Consumer Directed Services	100,983.72	25	4,039.35
Early Intervention	235,726.76	404	583.48
Total Expenditures	<u>\$ 9,886,698.17</u>		

Notes:

Claims paid data for September 2004

Claims paid data can provide misleading information on trends if billing behavior/timing changes

Claims paid data can provide misleading information on trends unless seasonalities are accounted for.